OFFICE USE ONLY

Account #

City Gas Co

Phone (715) 627-4351

NATURAL

GAS IN ANTIGO

COMMERCIAL Application for Natural

809 Fifth Ave, P.O. Box 370 Antigo, WI 54409-0370	Application for Natural
Company Information	
Gas Use Start Date// Company	
Name	Years in Business
Service Address Street Address Address	Apt. # City ZIP Code
Mailing Address	
Previous Address	Apt. # City State ZIP Code
Street Address A	Apt. # City State ZIP Code
Phone () Email	Paperless billing? Yes No
EIN # WI Sales Tax Exempt? Yes No If yes, please provide completed form S-211 Were you ever a customer of City Gas? Yes No No Do you RENTOWN the new service address? Landlord's Name Landlord's Phone # ()	
Primary Company Contact Person	
Name First	Phone ()
Email	Position
Secondary Company Contact Person	
Full Name	Phone ()
Email	Position
Acknowledgement of Responsibility	
INITIAL BELOW I certify that my answers are true and complete. Account holder does not have a non-current, outstanding balance with City Gas.	 I will notify City Gas when to terminate this gas service. I certify that I am responsible for the cost of service beginning on the gas use start date and are due 15 days after billing.
Signature:	Date:
OFFICE USE ONLY Application Fee \$ Install Main in Street Install Service to Building Frost Charge (Nov-Apr) feet @per foot \$ Deposit \$	Service Request For: Type of Service Requested New Service Residential Appliances Existing Service Commercial Appliances Name Change Industrial Received by: Approved By:
Total Required for Service \$	Date: Date: